

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER COUNTRY TIME INN		STREET ADDRESS, CITY, STATE, ZIP CODE 602 BREVARD ROAD KINGS MOUNTAIN, NC 28086		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Frank Strickland 03/23/2016: Information obtained from the DHSR database indicates that this facility was licensed on 04/01/1982 as a HA. An addition for 33 beds was licensed in 10/24/1994 and the facility is currently licensed for 59 Beds with a 26 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 4) and the 1991 (1994 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1977 and 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are	C 164		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 164	Continued From page 1 generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 03/23/2016: The mechanical exhaust fans are not exhausting interior air in the following rooms: (a) Guest Men's/Women's Bathrooms (b) Lower Shower Room 2-Based on observations, this facility has failed to maintain the finishes of the interior doors. Findings on 03/23/2016: The following interior doors are scratched and have unsuitable finishes: (a) Administrator's Office (b) Doctor's Office (c) Living Room (d) 200 Hall Resident Room doors 3-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. Findings on 03/23/2016: The return-air grilles have excessive grease build-up in Kitchen. 4-Based on observation, the facility has not maintained the ceramic tile in the roll-in showers areas throught the facility. Findings on 03/16/2016: The ceramic tile is moldy where the surrounding shower tile walls meet the shower floor in the Spa Rooms.	C 164		
C 189	Building Equipment Maintained Safe, Operating	C 189		

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C 189	<p>Continued From page 2</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has not been maintained in a safe and operating condition of the exit doors. This could affect all residents and staff in the event of a fire to exit the facility.</p> <p>Findings on 03/23/2016: The following exit doors have a deficiency that prevents it's safe operation to exit the facility: (a) Exit Door #4 drags on the concrete landing and restricts it's operation to open fully. (b) Exit Door #11 has had the panic bar removed prevent the door from opening. (c) The courtyard exit gate in the SCU drags and restrdicts it's operation to open fully.</p> <p>2-Based on observations, this facility fire protection equipment incorporated in the HVAC system was not maintained in a safe manner. This could effect all residents and staff by not providing full detection of smoke in the facility.</p> <p>Findings on 03/23/2016: The sampling tubes and the interior ductwork has excessive particulate build-up for AHU #2.</p> <p>3-Based on observations, this facility has not provide fire detection in all the required spaces to</p>	C 189		

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C 189	Continued From page 3 keep the facility safe. This condition would affect all residents and staff by not detecting fire and not activating the fire alarm system to notify all of the emergency and not releasing door locks for evacuation. Findings on 03/23/2016: There is not any fire detection in the SCU/Dining Hall closet.	C 189		